

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529805

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		2		
5		1		2		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10	1		1			
11		1		1		
12		2		2		
13		1		2		
14	1		1			
15	1		1			
16		1		1		
17		2		2		
18		1		2		
19	1		1			
20	1		1			
21		1		1		
22	1		1			
23		1		1		
24	1		1			
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		2		2		
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49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.	←		38	←		←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						